

ATTN: ACCOUNTING DEPT.
FAX #: 919-846-0647

Travel Experts Credit Card Authorization Form

Name as it appears on the card _____

Card Billing Address _____

Phone# _____ Fax # _____

Credit CardType - Mastercard _____ Visa _____ American Express _____

Credit Card Number _____ Exp Date _____

Verification Code _____

This is to certify that the above referenced credit card is my card and by my signature below I authorized Travel Experts to charge the following amount to the card. I understand that the charge on my billing may appear as a Travel Experts charge or may be a third party billing if travel arrangements are being secured through a tour operator, cruise line, air consolidator, etc.

Amount:

Signature: _____